Cover

Part I

## DANS LA MEMOIRE D'AMOUR DE:

## IN LOVING MEMORY OF:

# -- MARCO CHÉNARD --

**8 NOV. 1964 - 5 SEPT. 2009 / NOV. 8, 1964 – SEPT. 5, 2009**

***VENEZ RACONTER TON HISTOIRE À L'ÉGARD SON HISTOIRE …***

***COME TELL YOUR STORY ABOUT HIS STORY …***

**À/AT 14:00 (2:00 PM) 23 SEPT. 23, 2009**

**CHAPELLE DE L'ARMÉE DE SALUT/ SALVATION ARMY CHAPEL**

**391 AVE. GLADSTONE (AVE.)**

**OTTAWA, ONTARIO**

Nov. 6, 2009

To: Ontario Provincial Police, Coroner and College of Physicians and Surgeons,

**A CASE OF POTENTIAL MEDICAL NEGLIGENCE, MISCONDUCT, MALPRACTICE, ETC. PURSUANT TO SEC. 9-10 OF THE *CORONER'S ACT***

**Background**

My name is Joshua K. Cohen, B.A., M.A., M.Div., and I am the former partner of Marco Chénard. Marco was a mentally special (challenged) person on disability, whom continually gave gifts he found, cleaned and washed to countless numbers of persons and certainly by his practically daily giving, he out-gave Santa Claus! His motive also was environmental care and love, not only for people, but for nature and the earth! As a vegetarian, he concorded by his lifestyle that even the life of animals was sacred! And countless stories of Marco's acts of kindness toward people (strangers included), flora and fauna will never be forgotten … but the way he was "medically mistreated and neglected" is a story that needs to be told …

J.C.

**… MARCO'S YEAR LONG MEDICAL QUEST FOR DIAGNOSTICS …**

**Apple Tree Clinic (368 Slater St. Ottawa - 613 236 9425) …**

Last fall (2008), Marco asked Jane Scharf (Jane) and I to accompany him to an Apple Tree Clinic in Ottawa, as Marco was complaining of acute stomach pains! When Marco came out of the examination room, Marco relayed to Jane and I that this doctor (his name may be So & So and only Marco's file will tell) was dismissing him! Jane and I approached the counter and asked for this doctor in question. He came and was still refusing to rightfully and medically assist Marco! Jane and I asserted that he merited the benefit of the doubt to, at least, see a stomach specialist! Unpolitely, this doctor finally acquiesced and wrote a requisition for a specialist that never arrived by mail, nor any phone call made to Marco, nor to my pager number, as I reminisce. Marco had discussed with me (Josh), on and off (as I remember), that along these lines, the said doctor thought Marco was merely a "hypochondriac and that all of his ails were in his head." As should be medically noted, Marco was a mentally challenged ("mentally special" as he preferred to call himself); and that, perhaps, that he was a (recovering) "drug addict (which is a mental illness)."

Moreover, regardless of any potententially "**lethal and stigmatizing label**," Marco still deserved the best care despite any mental or physical disabilities. Also, the fact that Marco seized going to this doctor was due to his being upset and feeling, as I interpreted Marco: "I feel (medically) neglected, dismissed and paternalized. I never want to set foot in that Apple Tree again!" As well, as far as I know it, Marco never returned to the above clinic [which promises comprehensive medical (and on-site) services] from that time forward. Since the later really amounts to "our side." Marco's medical file at the above clinic needs to be seized for examination, re the above. Further, Joshua assisted and

J.C.

J.C.

encouraged Marco in his drug addiction recovery. Since any addiction, as I understand it, is also a mental illness, this is no excuse to deny anyone appropriate (and lifesaving) medical services!

**Montfort Hospital Emergency (Medical Records – 613 748-4903)…**

Around Nov. or Dec., 2008 (or wintertime to be safe), I drove Marco to the Montfort emergency (in Ottawa) one late evening, as he again complained of stomach ails. He waited about 13 hours before a physician attended him, as I recall he told me; and I could not do it, when I saw the sign posted mentioning the latter lengthly wait-time! Marco told me the next morning, after arriving to his place, that the doctor only gave him a physical check without any internal diagnostics (i.e., ultrasound, x-ray, cat scan, MRI, etc.). My suspicions, in hindsight, now that Marco is deceased, may be the same concerns as related to even what may have been written about Marco on the Ontario Ministry of Health computer notes re: "'hypochondria and drug addiction,'" which also may have led to 'medically negligent and bias' treatment."

**AIM Health Group (1605 Orleans Blvd. Orleans, ON – 613 824-9596) …**

About Feb., 2009, Jane helped Marco and I get a new family doctor (Dr. Nichols) as mine had passed away and Marco felt terribly offended by the said doctor's "lack of medical services" at Apple Tree Clinic and nothing received re: a stomach specialist requisition. Marco desired and needed desperately to get another family doctor, which he did at the Aim Medical Clinic.

Also, around March or April, 2009, Dr. Nichols made a requisition for a stomach specialist, as Marco was still suffering, at times acutely, from his ongoing and still untreated stomach ails. **Dr. Nichols, however, was taking Marco the most serious of all the doctors Marco encountered up till now and later, but the queue of wait time for his stomach specialist and psychiatrist requisition (which the latter never came) remains questionable in the provincial health care system. And this implies nothing untoward by Dr. Nichols, nor Dr. Turner. In fact, at this time (about April, 2009), Dr. Nichols did an extreme act of kindness and kept Marco to be his last patient of the day, so he could spend more time learning about Marco and his ails, wherein Marco allowed me to speak on his behalf!**

**Mental Crisis! … Police and the Ottawa Hospital Emergency (Civic Campus)!**

Marco kicked-in a friend's door (Phillip Patterson), due to mental instability (due to, possibly, a brain injury of some sort, such as a tumour, aneurysm, etc.). The Ottawa police came and Phil and I agreed to put **Marco on a mental health certificate, to be treated instead of criminally punished for attempted break-and-enter and property damage**! Marco, consequently, was arrested at his place and brought to the Civic Campus emergency, on April 27th, 2009 (as seen on **Appendix A**). Phillip and I, in the meantime (so we thought), were overjoyed that Marco was finally going to get treated head to toe! The next morning I saw Marco on the streets "recycling gifts" to clean and

wash! I was shocked to no end that he was released [and, again, without (internal) diagnostics (i.e., ultrasound, cat scan, MRI, etc.), nor mental health prescriptions, etc.], as I am aware of. The Ottawa Civic Campus has a Neurology dept. and Marco was in the right place and time to be urgently treated on the legal grounds of a medical priority mental health certificate, after the crimes he committed; and know, assuredly, if Marco had been charged by Phillip, the courts would have taken the time to process then "punish" Marco in some way, even as a "mentally special" person! And this really poses moral and mortal questions … doesn't it?

**Desperation! … Carleton Place Hospital! (Carleton Place, ON – 613 257 2200) …**

Around June, 2009, I decided (desperately) to drive Marco and [redacted] to the emergency at the Carleton Place Memorial Hospital (about an hour's drive from Ottawa) hoping for less wait time and more personal service for the latter two. [redacted] you see, was complaining to me for awhile, re: private medical conditions; and Marco his usual (and still untreated) stomach ailment pains. Meanwhile, I waited for Marco and [redacted] in the waiting room.

[redacted] came out, first, crying then ran outside! I followed after her and she cried and cried in the parking lot! I comforted her and asked her why she was so hurt; and she had told me the emergency male doctor (as I took into account) told her angrily that a patient just had a heart attack and to focus on one symptom! I went back in to get names and the male nurse told me that the emergency was not a walk-in clinic, as I remember, and I went back out to be with [redacted]. Then, Marco came out next and found us in the parking lot. Marco, again, said only a physical check was given and diagnosed as constipated only! The question arises here are, again, the doctor's notes and what notations he may have read on the Ontario Ministry of Health computer system? And, thank God [redacted] went elsewhere and got the treatment she needed!

**Stomach Specialist … Dr. Turner – (267 O'Connor St. #207, Ottawa, ON)**

On or about Aug. 7th, 2009, Marco finally saw his stomach specialist (Dr. Turner), as requisitioned by Dr. Nichols about three-four months previously. Again, Marco was only given a physical examination and told me he was fond of Dr. Turner and found him as kind and caring as Dr. Nichols! An ultrasound was finally set-up (after about a year's wait) for Sept. 14th, 2009 and that to be medically assessed on Sept. 15th, 2009 by Dr. Nichols. [Again, as I said, Dr. Nichols was taking Marco the most serious of all doctors in this file, but the queue time in provincial care for specialists (such as Dr. Turner) or psychiatrists is the mortal question!]

**To Ottawa Hospital by Ambulance! (Civic Campus – Records - 613 761-4213)**

On Sunday Aug. 30th, 2009, Marco told me he was having headaches. Since I did not have my car at the time (illegally seized by the police and now resolved in court for the most part), I encouraged and pleaded for Marco to take the bus to the Civic, since Marco knew my emergency wait-time limitations. He left and I felt good he was (I thought) en

route to the above emergency room. The next day (after I had visited to help a friend), I found out that Marco called 911 and went by ambulance to the Civic Campus, with migraines and after he had vomited on the morning of Aug. 31st, 2009! Marco told me he was dismissed with a diagnosis of headaches/migraines only and after a cardiogram was done. And what a relief that was for me, thinking nothing more serious of the matter!

**Two-Year Anniversary … Sept. 4th, 2009!**

Marco was excited this day, as he had never been intimate (as partners) with someone so long! He wanted to make a special dinner surprise this day. Marco had called Patricia McLaren on how to make it from scratch … and that would have to wait …!

**AIM Health Group (270 Elgin St. – 613 237 2121)**

Since Sept. 4th, 2009 was a Friday, Dr. Rogers, a renowned Australian medical professional with a great reputation for assisting persons get quick lifesaving medical care, as possible. I got to know Dr. Rogers, via Phillip and we brought another friend, with confidence, to see Dr Rogers. And this person, consequently fully recovered from serious pneumonia! In addition, Phillip, as a caregiver, always brought Margaret — — — whom lived to be 103, to Dr. Rogers and she thrived under his medical supervision and lived independently at her home until her last day (March 9th, 2009).

I mentioned that Marco could see Dr. Rogers, since he was there every Friday (and was on Sept. 4th, 2009, he had told me) re: his headaches to double check on it. Marco told he was banned since about 2007 re: an incidental encounter related to French services he was not able to get, as a Francophone, at the service counter! Apparently, this was never resolved which was why Marco had to go to the Apple Tree Clinic on Slater, which he discontinued, as already explained. And is that really legal to ban someone from a medical clinic for almost two years, especially since Marco was mentally special? And did not Marco have the right to speak French with this medical service provider, as a Francophone? And is this linguistic medical complication needful to potentially die for? And be it known, that Marco was a proud noble Frenchman and a powerful force for linguistic change, especially as it relates to the preservation (from assimilation) of French culture and language! **And this rightful issue may also be in computer and doctors' notes from a discriminative and negative viewpoint!**

**Marco's Last Day …**

During the afternoon of Sept. 5th, 2009, Marco had another headache. Since I (and Marco) knew the latest (in hindsight … supposed) medical diagnostic, he insisted to come out with me for fresh air (but I recommended he rest). Before leaving, I called Jane Scharf about something else and she was to call me back in a couple of minutes but didn't. Marco and I proceeded to a restaurant on Elgin St. and I bought him a coffee, bran muffin and salad for strength. The bran muffin and salad was toward supposed constipation (if that was really a true diagnosis even)! Like the previous time before he went to the Civic Campus on Aug. 31st, 2009, Marco felt nauseous (but did not vomit)

and decided to go rest and sleep off the migraine. I thought that wise and continued to work on an emergency motion to get my car released (which I later won). Marco wanted to take a trip and so allowed me and asked only that I check-up on him later, which I had promised.

Evening came quickly that Sept 5th, 2009, when I returned to check-up on Marco around 10:30 pm. I checked my pager and returned a call to not go out that Sat. evening, and instead keep my word and attend to Marco. I opened the door with my key and it strangely re-closed. I pushed again and realized something was against the door, but what I questioned to myself? I then forced my head in the crack and cried: "MARCO!... MARCO!" after seeing him on his back when the hallway light shone through! I then had to force and squeeze my way in and turned on the interior lights, then checked Marco's heart vitals with my right hand, which had no beat! Lying there shirtless and sockless in white pants, I could see he already had urinated himself! And little was I prepared and I knew this was seriously and possibly mortal!

I called 911 and ran down the three flights of stairs to open the computerized main security door, while talking to 911 with the cordless volume phone at high blast, since I am hearing-impaired! A cop car in the vicinity flashed his lights and I waved for him. I had already hung-up with 911 and propped the main door for the other emergency attendants to come. The cop (with his portable resuscitation machine) and I then ran up the stairs together! He applied the machine, while more police, paramedics and firemen arrived shortly thereafter! One cop and I pulled Marco from the door to let the others have a more wide entrance access with their medical equipment, etc. All was to no avail and Marco was declared dead by a coroner at only 44 years of age! And I never saw Marco again ...! Marco was, consequently, cremated after an autopsy.

**The "Last Supper" to Be ...**

After Marco spiritually left, I was left with a mystery ... "What was our 'last supper' to be?" As said, Marco and I had just passed our two-year anniversary mark on Sept. 4th, 2009! Marco, understandably, never even had the chance to make us the special, now, "mystery dinner" in order to celebrate our love! He had whispered to Phillip, which I saw him doing on the Thursday evening previous at Phil's place, but he could not hear due to his own hearing impairment. Marco told me late Friday or Saturday that he had called Patricia MacLaren for directives on how to prepare the meal from scratch. Friday Sept. 4th, 2009 went by like the wind and, thus, Marco intended to make that 'special dish' that fateful Saturday. Unfortunately for me, I had to wait until the following Wed. Sept. 9th to find out at a local church what Marco was up to! Patricia finally unspelled the mystery: French Onion Soup ... my favorite!

**Laid to Rest ...**

The following Saturday, Sept. 12th, 2009, we laid Marco's cremations to rest in the right wing shadow of a huge dark crucifix on St. Gabriel mountain, overlooking the St.

Lawrence Seaway, near St. Pacôme, Québec, where Marco grew up as a wonderful, gentle, generous (even though he had not much money) and specially noble Frenchman!
**In Loving Memory …**

On Wed. Sept. 23rd, 2009, I organized a memorial J.C., wherein the chapel was standing room only, even to the 2nd floor railing. Many came forward to share their story about his story … and what testimony of Marco's community-wide acts of kindness and distribution of "renewed gifts" to the countless, practically daily. Even a calendar note Marco wrote: "My contribution to society is unconditional" (See **Appendix B-C**).

**Marco's Last Words …**

As you can see, Marco never, despite all the medical visitations in his own diligent "duty of care" as a "mentally special or exotic (as he called himself)" and recovering addict person, received even a simple, and potentially, lifesaving ultrasound that, likely, would have led to other lifesaving internal diagnostics! In his last words to Jane, when she finally called me back hours later by phone (I learnt later) on that fateful day of Sept. 5th, 2009, Marco had told her with his French accent, after she awoke him, along these lines: " … Jane, I believe my headaches are connected to my stomach problems … and I am looking forward to getting my health in order next week (referring to the Sept. 14-15th, 2009 ultrasound and medical assessment …)," which he even wrote on his calendar (**Appendix D**)! And that was to finally occur two days after he was buried … which is, quite apparently, a lot too late! The tardiness, predominantly, relates to the said Apple Tree doctor's possible "hypochondriac, drug addict, or 'he's crazy' bias," and which could have caused Marco's consequent unfulfilled requisition for a stomach specialist!

**My Final Words …**

**I firmly believe Marco's "soul and blood" cries out for justice in this matter!** Marco's "blood," per se, may not be evidently seen on the "hands of the doctor in question (at the Apple Tree Clinic) or other," but certainly it could be "on the bias word(s), J.C. such as 'hypochondriac/drug addict'" and along the lines of possibly, "all his mental ails are in his head, he's crazy … don't believe him, ad infinitum!" And, if so, what "mortally cruel" way to die; and, thus if the case, such " medical negligence, misconduct and malpractice … causing death;" Consequently, if proven and in hindsight, pertaining to all the above factors in as "series of events with mortal complications," as is likely the case. Beyond hearsay, the "bias words" such as "hypochondriac, drug addict, mentally disabled, etc." (which could have also been commenced by a previous physician) may have "poisoned" the Ontario Ministry of Health computer system; and this could have led, consequently, to other medical professionals dismissing Marco "negligently," versus an honest benefit of the doubt, via a true case-by-case medical analysis with internal diagnostics!

Overall, precious time was obviously lost between the "Apple Tree physician's" apparent "lack of duty of care and diligence," and to see beyond Marco's "mental specialty." As mentioned, Marco and I waited for the said doctor's stomach special requisition that

never came nor was done (as Jane knows also); and Marco, consequently, had to get another doctor, which took, at minimum, about five months approximately! And the time for Marco to finally settle-in in order to get to know Dr. Nichols (and he, likewise, Marco); and for Marco to feel comfortable (even allow me to speak on his behalf re: his mental and physical issues) took another approx. two months; and all this, consequently, put Marco over a half a year (around Sept. 2008 to April 2009) behind schedule for just the renewed requisition scheduling by Dr. Nichols. And even in between waits, Marco was at the Monfort emergency, as well, without internal diagnostics, nor apparent proper treatment either!

From Dr. Nichol's requisition and queued wait time (for the said specialist and psychiatrist) to the Sept. 14th, 2009 ultrasound appt., **Marco was at the Ottawa Hospital –Civic Campus emergency, not only once but twice, without any internal diagnostics as said! In addition, Marco went to the Carleton Place Hospital Emergency and, again, without proper internal medical attention!**

In all, Marco was still young and he (and we) wanted to love, live and travel to a ripe old age … and that, now, will never happen! **Instead, parents have lost a son … a lover his loving companion and other close ones … a dear friend!**

**The Possible "Killer Words" …**

That "killer words with blood on it" is, likely, … "'**hypochondria,' 'drug addict'** and/or along the lines of '**delusional, irrational** per **illnesses all in his head**' comments and even '**he's a crazy troublesome French activist**,'etc.;" and"they" should be "hunted down" in any "print media," whether in any doctor's (or doctors') notes and/or on the computer at any clinic, hospital or Ontario Ministry of Health record to see as alleged! Anything less or altered really "murders" Marco's "heart and soul" anew, and "silences his voice" for justice; and his "passionate desire" for this, if so, not to happen again to any other … as even "malpractice and negligent discrimination can kill!" **And know that his spirit (and those of others medically short-changed) are watching and yearning for your "honest investigative efforts" to give him (and them) justice! And why should his "negligent death (or others)" be in vain, if so?**

J.C.

Sincerely,

J. Cohen

Joshua Cohen, B.A., M.A., M.Div.

(Due to hearing-impairment contact below is best.)
E-mail: cohenjoshua@rocketmail.com.

P.S. **This letter is also about commending doctors, such as Dr. Nichols, Dr. Rogers and Dr. Turner** (the latter Marco met and was fond of, as well) for their lifesaving work and efforts in their communities, inclusive of their utmost professional caring services and sacrifice (the prior two I know better). **Recognized commendations of the doctors above, especially from the College of Physicians and Surgeons, are strongly advised!**

**DISCLAIMER**: All the above and after was drafted by me and is relevant to the best of my knowledge and recall; and, as well, all the above relates to my presuppositions, understandings, beliefs, opinions that must be corroborated, also, by an honest investigation with seizure of doctors' notes within Marco's medical files at the above mentioned places, Ottawa Police record re: Marco (i.e., 2007 incident at Aim Health Group on Elgin, April 27th, 2009 mental health certification arrest, etc.), police interviews of parties of interest, etc.

"It is most unfortunate that kindness must be legislated!" – Martin Luther King

# EMERGENCY REPORT-RAPPORT DE L'URGENCE

DATE ya-mm-dd: 09/08/31 | AMB: Y | Arr. Pt. (time-heure): 07:31 | REGISTRATION-ENREGISTREMENT no: 200910540166 hr-hre. 07:43

PATIENT COMPLAINT-SYMPTÔME DU PATIENT: HEADACHE — Living Will-Testament

FAMILY PHYSICIAN-MÉDECIN DE FAMILLE: EB NICHOLS | CAMPUS: CIVIC

WCB-CAT (province) | CODE | CLAIM NO.-RÉCLAMATION | ACCIDENT (date/time-heure)

ACCIDENT SITE-LIEU DE L'ACCIDENT

NAME OF EMPLOYER-NOM DE L'EMPLOYEUR

ADDRESS OF EMPLOYER-ADRESSE DE L'EMPLOYEUR

PATIENT

last name-nom: CHENARD | first name-prénom: MARCO | lang: F | ex-sexe: M | code-code postal: J9 0000 | 31

CONFIDENTIAL

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PATIENT'S ADDRESS (temporary or old)-ADRESSE DU PATIENT (temporaire ou ancienne) | CITY-VILLE | P.R.C.-C.A.M. BEP

PREVIOUS VISITS-VISITES ANTÉRIEURES: ER: 27/04/09 C IP: / /

ALERT CODE D'ALERTE | CCAC: N

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ALLERGIES ☐ NKA | MEDICATIONS-MÉDICAMENTS

EMERGENCY PHYSICIAN-URGENTOLOGUE 1-

RESIDENT | DIRECT | PT REFERRED BY-PT RÉFÉRÉ PAR

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| pH | CK | WBC | Na | | |
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Time seen-Heure vue

daily HA x 1 mos
[illegible] recurrent
bandeke throughout.
↑ this AM - vomited.

HR-HRE | ORDERS-ORDONNANCES

[illegible] NS [illegible] two depression
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9 & calcul counted.
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IMAGING ORDERS-ORDONNANCES IMAGERIE
IMAGING RESULTS-RÉSULTATS IMAGERIE

ECG INTERP.

CONSULTATION (Name-Nom) | Called-Appelé | Accepted-Accepté | Arrived-Arrivé | T-H | REASSESS-RÉ-ÉVALUATION #1: ____ H | T-H | REASSESS-RÉ-ÉVALUATION #2: ____ H

1-
2-

FOLLOW-UP-SUIVI + INSTRUCTIONS ON DISCHARGE-INSTRUCTIONS AU CONGÉ : ____ h

☐ GIVE INFO. SHEET-REMÊTTRE INFO. ____
☐ COPY ROT/LABS TO PT-COPIE DU DOSSIER AU PT
☐ FP-MF : ____
☐ CLINIC-CLINIQUE : ____

Rx

FINAL DIAGNOSIS-DIAGNOSTIC FINAL: headache ? migraine.

WORK-TRAVAIL

NURSE-INFIRMIÈRE (signature) | INTERN/RESIDENT (signature) | PHYSICIAN-MÉDECIN (signature) | Discharge-Congé | D/T-CONGÉ/TRANSFERT ☐ Ambulance ☐ Home-Maison Time-Heure H | ADMISSION H R-C | Closed visit-Visite fermée

EMG 15 (05/2007) Cat: 420427 2-4

FAMILY PHYSICIAN - MÉDECIN DE FAMILLE

07:4[illegible] 09/21/09 FROM TBRY OEPERDF1

Ex. B 10

## DANS LA MEMOIRE D'AMOUR DE:

## IN LOVING MEMORY OF:

## -- MARCO CHÉNARD --

**8 NOV. 1964 - 5 SEPT. 2009 / NOV. 8, 1964 – SEPT. 5, 2009**

***VENEZ RACONTER TON HISTOIRE À L'ÉGARD SON HISTOIRE …***

***COME TELL YOUR STORY ABOUT HIS STORY …***

**À/AT 14:00 (2:00 PM) 23 SEPT. 23, 2009**

**CHAPELLE DE L'ARMÉE DE SALUT/ SALVATION ARMY CHAPEL**

**391 AVE. GLADSTONE (AVE.)**

**OTTAWA, ONTARIO**

AOÛT

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La famille Gauthie
Théodore-d'Actor
de la Banque Nati
depuis 33 ans.

En photo : Jean-Marc
Rose-Marie, Stéphar
Marielle, Rémi et Fra

150 ANS DEPUIS 1859

BANQUE NATIONALE
GROUPE FI

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Fin du ramadan
Rosh Hashanah

« Bonjour, les di
C'est ainsi qu'on
Denis Brousseau
Mont-Laurier. Se
est directeur de l
Banque National
et

au pay
dans le fauteuil du
de Serge, est aussi
bancaire. Chez les
soupe à l'alphabet
des chiffres !

La famille Brousse
Banque Nationale

En photo : Serge et De

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OCTOBRE

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150 ANS DEPUIS 1859 | BANQUE NATIONALE GROUPE FIN

Appendix

**-- HAND-DELIVERED AND BY POST--**

J.C.

Nov. 5th, 2009 - (Two months since Marco's departure!)

Dear [redacted] J.C.

I lent you a copy of my draft of Nov. 1st, 2009, that is addressed to the Ontario Provincial Police, Coroner and College of Physicians and Surgeons, returned to me. The purpose of the loan was for your perusal and for considerate edition purposes, so I can share Marco Chénard's story (with your feed-back), as I observed it. I have also done the latter respect for Jane Scharf, as well, as you and her are witnesses in different parts of Marco's disastrous "medical journey"! And, be it known, that I got your message, on my pager tonight, and I agree to remove any of your private (personal) medical information concerns that you had shared with me on my pager voice-mail.

Moreover, after you and Marco had been sharing with me medical ails, I felt it important to assist both of you out of kindness and concern; and this I did by driving you and Marco to Carleton Place Memorial Hospital (around June 2009). I was hoping a smaller hospital would give you and Marco more personalized medical care, including internal medical diagnostic requisitions; and which I gladly got, previously, from the same said hospital! Since the mission, was not accomplished the two hour drive, gas and wait was not worth it. And I am also very glad things got better for you, later, when you finally got the right help you needed, elsewhere!

Despite all grand efforts, Marco never got the internal diagnostics he needed, which likely led to his early demise at only 44 years of age! Even he told Jane on the last day of his life (Sept. 5th, 2009) that he believed his migraines were related to his stomach ailments! Thus, one obviously untreated symptom led to another with, seemingly, fatal complications!

I also came by your place tonight, as the number you gave me this evening (as I heard it) is not correct. Thus, I am doing my extreme "*duty of care and diligence*" to get things rights and will, consequently, re-date, re-edit and re-draft my final disposition, according to balanced free speech, care, recall, personal opinions, beliefs, observations and mutual considerations (which is why I have took this time anyways to get your feed-back), yet without sacrificing the medical justice I firmly believe and know that Marco also deserved!

Be it also known that the new re-edition (or re-draft) will now be re-dated and emitted, minus your private (personal) medical information, in which I respectfully concord. However, I will share what I saw and heard in public at the said hospital, as expressed to me by you and/or Marco, to the best of my recall ability, as I tried to comfort you and/or Marco, whom was also hoping, desperately, to get internal diagnostics for about a year and, sadly, without success!

Most importantly, the main pursuit of Marco's case is to prevent other potential mortal and J.C. medical mishaps that can occur, which is in the spirit of life for others, so that Marco's death may not be in vain; and that "his voice is also sought and heard" in the upcoming investigation!

Sincerely,

J. Cohen

Joshua K. Cohen, B.A., M.A., M.Div. – ("**Evil thrives when good people do nothing**!")

**--APPENDIX II, p. 14 (VIA FAX)--**

Nov. 8, 2009

**Attn: OPP Sgt. L. Killen #6179 to forward to Chief Coroner**
**(Attach to document already given on Fri. Nov. 6th, 2009 as APPENDIX II p. 14).**

**RE: MARCO CHENARD ("MC") …**

If MC was still alive today, he would be only 45 years old! **The only best "gift" I can give him, spiritually now, is medical justice and to prevent the year-long, likely, mortal wait for internal diagnostics from happening to others!** Better, now, "one 'grain' die (not in vain) for a potential 'harvest' of lives saved!" And, really, any needless death is really one "grain" too many!

The purpose of this Appendix II, is that I failed to mention a few things, such as that after MC's body was taken away on the mortal evening of Sept. 5th, 2009, I found **Exhibit A** on the floor of his apt. (where his body had been) that I had never seen it before and truly wonder how it got there? I have a friend, whom took it and asked someone with medical knowledge to interpret its' "medical shorthand" and what occurred, exactly, on that fateful morning of Aug. 31st, 2009 in emergency. My understanding is that MC was given a powerful shot of Demerol (with Perkesat, etc.). And, of course, any "sentinel warnings" of any brain injury MC's body was alerting to himself and others would quickly be neutralized by it! Procedurally, it would be apparent that Dr. Maloney then most likely asked MC if his migraine was OK (after the shot)? MC then likely said the fatal answer of "yes," (instead of "no" – the apparent trick) wherein, he was then discharged (instead of admittance and diagnostics, if he had said "no"); even though MC had called 911 and came by ambulance! I have never known MC to do as the latter, unless it is an extreme emergency! However, as is documented on **Exhibit A**, MC was also to Civic Campus emergency by police re: a mental health emergency, as mentioned! **And MC told me he had a cardiogram, so G-d forbid he had a heart-attack, as well!**

My research and speaking to various medical professionals, is that any brain wound or spinal injury are to be taken serious! MC should have been admitted and properly diagnosed with internal diagnostics, not only on April 27th, 2009 but especially on Aug. 31st, 2009, as well! In fact, the said diagnostics, as preventive medicine, should legally and rightfully have begun at the Apple Tree Medical back in 2008! Obviously one untreated symptom would lead to another, as MC mentioned to Jane on his last day alive on earth. MC was still focussed on getting his stomach ails looked into and felt his migraines were connected. As is the old adage: "One is his own best physician!" I have not doubt in my mind that same intuition, especially having seen MC's stomach distending and round as a "beach balloon," wherein there was no other fat on his body!

It seems apparent that giving shots of Demeran (or Demerol), is to "streamline the emergency room" with fatal consequences! As I understand it, an **inquest is normally automatically initiated; as well, as a potential criminal investigation relevant to sec. 9-10 of the *Coroner's Act*, as commenced!**

## SOLUTIONS ...

It truly behoves me, that paramedics are acting as "doctors" on the streets, dispensing medicines (with call-in doctor directives) where necessary and providing complex mobile "ER services," with only 2-3 years of college education. As we know, there are "paralegals" acting as "lawyers" in not too serious cases, then why are there not "**paranurses**" (working as "doctors" at health clinics, offices, ER rooms, etc.)" for instance; and many of them have three years+ college or university science and pharmacology! Thus, the question posed: "**Why are not nurses vested with more powers to do less complex medical assessments, internal diagnostics and prescribing medications and work as a team with feed-back from radiologists, pharmacists, etc.?**" This would definitely free up doctors to work on more serious medical cases, much as only lawyers (and not a paralegals) in criminal trials! And, truly, any "power struggle" between doctors and nurses should be recognized for what it is, if so: "**FATAL!**"

I have also heard that up to 25% of medical professionals spend their time filling forms, requisitions, etc. Thus the other serious question: "**Why is technology not used, such as voice-activated computer printing of forms (attached to medical professionals), with clerk assistants, at the printing end to lighten the paper trail load so the above can do what they were trained for years to do?**"

More so, I can see that **"medical dollars" do not apparently flow as does, seemingly, limitless "legal finances"** toward the courts with exorbitant (non-capped) judges', lawyers and paralegal salaries, whom often make more than (capped) doctors', nurses' and paramedic salaries, wherein priceless lives are saved**!** As well, I understand even, that cops pursue a "quota" and thus look for crime instead of reacting to it! And to house and feed one prisoner costs up to $50,000.00+ per year! **A parallel would be the medical profession seeking out "sick" people versus just reacting to natural ails!**

In England, under the "bobbie-cop style" system, they are "gun less" (with strategic armed shadow officers for back-up) and taught public relations/mediation skills to resolve minor community misdemeanors. The latter saves billions of legal dollars (over years) that then can be re-invested elsewhere, such as (especially preventive) medicine, education and proper social program funding!

**Thus, I believe now is the time for political and professional dialogue in all the above regard so lives can be educated for employment and saved by proper medical attention. "A gram of prevention" can go such a long way!**

MC (and those others shortchanged) for whatever unreasonable decisions, that they have "paid with their lives," are surely still "speaking" to us now to make right what is "fatally" wrong! As Martin Luther King still "echos": "**Every time is the right time to do the right thing!**"

Sincerely,
Joshua K. Cohen, B.A., M.A., M.Div..

**APPENDIX III**
**(please attach, as p. 16, to booklet as sent)**

**VIA FAX TO OPP & MAIL TO DR. NICHOLS**

25-11-2009

**Re: File of Marco Chénard (deceased Ottawa –Sept. 5th, 2009)**

To: OPP (Sgt. Killien #6179), Chief Coroner and Dr. Nichols,

**A grave concern has arisen relevant to medical appt. wait-times**! I am not only the former partner of Marco Chénard, in grave stricken grief, but I am also a patient of Dr. Nichols. I call his AIM clinic (613 824-9596) on Nov. 19th, 2009 re: potential heart issues needing urgent attention and sedatives! Regardless to the fact, as I recall, telling the receptionist the above (and the fact that Marco died, evidently, due to extraneous "mortal" wait-times for internal diagnostics lasting up to one year), I got an appt. for Dec. 2nd, 2009 at 11 a.m.; and that is about half a month! Many have been stricken with heart-attacks (mortally at times) when significant loved ones have died! Further, I have also called a couple of times this week, including today, looking for cancellations and still no room for me! Why this is brought up relates gravely to Marco Chénard, as below:

In **Exhibit A,** p. 9, as previously sent, Marco Chénard's Ottawa Hospital (Civic Campus) medical report dictates, re: his headaches/migraines and vomiting on the a.m. of Aug. 31st, 2009 (after arriving by ambulance): "If unimproved … test for fam(ily) Dr," as I see it. Marco, it is obvious, as related to wait-time examples (such as mine with the same family doctor), would not have obviously survived it; then further delays for internal diagnostic requisitions (i.e., CAT scan, ultrasound, MRI, etc.) to be booked, then to be assessed later by his family Dr. Nichols! You see, Marco was dead a mere FIVE DAYS after his emergency release.

Moreover, Marco, according to the above Exhibit, was given a shot of Demeran and was "fatally" released without any internal diagnostics! Of course, the above would take any headache away, temporarily! Marco had been waiting for approx. one year for a simple ultrasound related to stomach ails, which he thought (as well as I) was now aggravating his brain! Further, as said, Marco was on a medical health certificate (due to crime) on April 27th, 2009 and still not treated then! As well, other emergencies (re: stomach ails at the time) were at the Montfort hospital (Ottawa – winter 2008-2009) and Carleton Place (Ontario) Memorial Hospital in the summer of 2009. Not once was Marco given any internal diagnostic attention!

While Marco's story was sent for potential criminal medical investigation, this does not directly implicate Dr. Nichols (nor Dr. Turner, the requisitioned stomach specialist), as he was the one taking Marco the most serious of all doctors, but it does "condemn" potentially "fatal wait-times, medical negligence, malpractice, misconduct, etc." As said, Marco had waited about four months –five months for his stomach specialist, as requisitioned by Dr. Nichols (about March/April – Aug, 2009). Marco saw, finally, Dr. Turner on Aug. 7th, 2009. Marco, as well, finally got an ultrasound (for his year-long stomach ails) set for Sept. 14th, 2009 and to be assessed on Sept. 15th, 2009, two – three days after Marco was in the grave! Further, Marco's Apple Tree Stomach Specialist requisition (back in the fall of 2008) was never fulfilled!

Sincerely,

J. Cohen

Joshua K. Cohen, B.A., M.A., M.Div
E-mail: cohenjoshua@rocketmail.com

**REDACTION ADDED ON APRIL 13, 2010**

## CLARIFICATION: MARCO DID NOT HAVE A SPINAL LEAK ... BUT A SPINAL CYST

### Dr. Skinner's Observations ...

On March 16th, 2010, Dr. Skinner (Supervising Coroner for Eastern Ontario) clarified that, as it stands, that Marco Chenard, along these lines, died due to a cyst in his spine which backed-up cerebral spinal fluid (CSF) in his head causing intracranial pressure (ICP) (see p. 23). Thus, Marco's brain, it is obvious, mortally herniated and "drowned" in CSF.

### Importance of Location of Marco's Spinal Cyst ...

The location of the cyst needs to be investigated as, depending on the location, it may have been pressing on nerves causing Marco's abdominal pains. As well, Marco often woke up in the morning with generalized body stiffness.

### Treatment Options ...

My own studies shows that "spinal headaches" due to "spinal hydrocephalus (build-up of CSF fluid in the brain)" can be treated by shunts. One shunt would be to drain the excess CSF in the brain (thus relieving the mortal ICP) and the other to drain the cyst (allowing for consequent natural flow of CSF). Thus, the sad part is evident ... Marco would be alive today had he been given internal diagnostics of either a CaT scan and/or MRI to detect the spinal cyst then to surgically treat it. Even had he been recommended to see a walk-in optometrist for an eye exam, he likely would be alive (as elaborated more in the next paragraph).

### Costs ...

As I have learned, optometrists (eye doctors) can spot unusual liquids (i.e., blood, CSF fluid, etc.) on and/or around the eyes during their eye exams, which costs merely $65.00 (p. 19). OHIP covers the costs if it is deemed an emergency; and optometrists can, it is possible, call neurologists directly. Thus, if emergency doctors argue costs of running a head CaT scan and/or MRI (up to $600.00), then responsibly they can refer patients to optometrists for an eye exam. Even Workfare and Disability Pensions pays for the latter.

--VIA FAX--

Dec. 28th, 2009

**PART V - Re: Marco Chénard (deceased Sept. 5th, 2009 - Ottawa, ON)**
**( Please attach as p. 18 to what has already been sent.)**

To: OPP (Sgt. Killien #6179) and Chief Coroner,

**Destiny has a mysterious way of coursing through our lives**! For instance, not long after Marco, I would end up at the Ottawa Hospital (Civic Campus) emergency, on Dec. 20th, 2009, due to my own ailment! **Fortunately though, I was admitted and given internal diagnostics (a CaT scan) that spotted my lower right side abdominal pain as an appendicitis**! I was given priority 2 status and operated on that same evening by Dr. Moloo (whom did a fine job with her team)! Worse yet, the appendix, I learnt later, was perforated and I would require a six day hospital respite! And apparently this is rare for people over 30 years of age.From the inside now, I learned and saw that many of the elderly are in this hospital instead of convalescence homes! **Thus, the question prevails: "How many 'young Marcos' are being 'fatally' turned away (obviously due to bed shortages)?" Further, recent health laws, as I understand it, do not allow beds to be in the hallways more than 18 hours; but, however, wouldn't that be better than no treatment at all, than to die as Marco did?**

**Another concern was ... I also had to go to the Civic Campus emergency on Dec. 1st, 2009 with heart pain and dizziness**. Since the wait was going to be too long, I left! I knew, however, I already had set an appt. for Dec. 2nd, 2009, to see Dr. Nichols (my family doctor), which I had to wait almost a half a month for! He made requisitions for internal diagnostics re: my heart. Due to stress, grieving, busyness, etc., I did not get around to do it ... and then came the appendectomy!

**On or about Dec. 23rd (three days after the operation), I became very ill, vomiting violently all night!** Further to complicate matters, I was unable to do the nose-stomach pipe, as tried the night previous, when I first commenced to vomit, after trying to eat. **Consequently, I told the nurse, I needed to see a doctor, as the heart pains reoccurred and I feared a heart-attack could be triggered by the grave vomiting and distended stomach stress! Instead, all that was "downplayed to merely anxiety issues!" I told this nurse about Marco and did not want to take chances and was still denied to see a doctor! I relayed to her, after cleaning up, I was going to call the police to be transferred to another hospital! As I proceeded to the phone, the nurse finally acquiesed and called a doctor in residence.**

The doctor came and told me an enema could not be done, as I wanted. This physician explained that my colon was in "trauma-shock" due to the surgery and the surgical gas and had to naturally "wake-up" on its own. However, it was a comfort to see that the above doctor took the matter seriously, as an ECG technician arrived, shortly thereafter, to double check the heart and imaging was done (on stomach as well), priority, the next morning! **Another nurse commended my own self-advocacy, while another had tried to tell others not to feed me too early (which odviously went ignored), while my colon was still "asleep!"**

**At the end of the day, I think it is a tragedy that I had to be so extreme as to need to call the police to the hospital, of all places, so I could be escorted elsewhere for internal diagnostic evaluation, in order to be on the safe side, between life and death**! Other than the question of why the elderly are kept so long at hospitals (due to lack of nursing home beds obviously), **another mortal question remains ... "Would Marco be still alive had he (or I) been as extreme as I felt I had to be, as seen above, to get heart (and stomach) diagnostics the second time around?"**

One thing for sure, I thank G-d that Marco's death was a "wake-up call" for me to be more attentive and assertive; and which may save my life (and/or others) one day, as I share my story! **But, eternally ... how sad ... we (Marco and I) were not more vigilant and assertive this past year, in regards to Marco's health re: internal diagnostics! Had I known what I know today, things most certainly would have been different ...! And my prayers, nevertheless, hold tenaciously fast that G-d grants justice, spiritually, for all those medically shortchanged, whom "paid with their lives!" And, surely, destiny will course its way, mysteriously, to that latter end ... someway ... somehow!**

Sincerely,

Joshua K. Cohen, B.A., M.A., M.Div.

Feb.10, 2009

To: OPP Sgt. Killien (#6179) and Chief Coroner

**PART VI – MARCO CHÉNARD (deceased Sept. 5, 2009)**
**(Please attach as p. 19 to that already sent.)** J.C.

**MY RECENT VISIT TO AN EYE DOCTOR/... OPTOMETRIST**

I recently saw a walk-in Optometrist / optometrist J.C. (eye doctor) for glasses. He administered drops for the medical examination of my eyes and, later, I glared into a blue light, **I posed**,"Can you spot a 'spinal headache' by this means?" **Then he replied** (along these lines to my bewilderment), "Yes, as eye nerves and unusual liquid appearances around the eyes do give us tale-tale signs as such. In fact, we can directly contact neurologists if we suspect something urgent." **Me**: "Really!?! Not many people realize this venue for a second opinion. I think it is really worth the $65.00 (eye exam cost) that could save one's life! (And in my mind, I thought, 'this should be made public knowledge since emergency doctors do fatally stream-line emergency rooms with fatal consequences; and what a second opinion the eye-doctor can give that could return someone to the emergency)!" **Doctor**: "If, in fact, our eye exam turns out to be a medical urgency, OHIP usually reimburses the examination fee ( $65.00)." **Me**: "Wow! Too bad I didn't know this, as my 'friend' (partner – Marco Chénard) died of a 'spinal headache' (as what is known so far). My own study revealed that intra-cranial pressure (ICP) can cause the brain to mortally herniate; and I believe my 'friend' then went into a coma with respiratory collapse." **Doctor**: "ICP is very dangerous as there is not much empty cavity space for the brain to accommodate excess inflammation or fluid of any kind (i.e., cerebral-spinal fluid or blood); and this can cause seizures, as well." **Me**: "I don't think my 'friend' had a (painful/half-conscious) seizure, as I found him already on his back and both hands open flat on the floor versus clenched fists or any other painful looking bodily posture (such as holding his head in a fetal position)." **Doctor**: "You are probably right by that description." **Me**: "As well, as I understand, anti-inflammation shots can be given and shunts inserted to drain excess cranial fluid, then to repair the leak." **Doctor:** "Treatments as such are possible."

Need I say more…?

P.S. Conversation as per my recall.

PART II

**-- FAX COVER - 3 PAGES TO FOLLOW --**

**RE: CORONER FILE #CIS #2009-11449**
**(MARCO CHENARD - DECEASED SEPT. 5, 2009 - OTTAWA)**

March 18, 2010

**Attn: Sgt. Killien (#6179) - OPP**

I have drafted a response to the Supervising Coroner, Dr. Skinner, in Kingston, ON. His originating e-mail is on p. 3, wherein I responded to him and the chief coroner by e-mail. **This document, via fax, is for your perusal and record.**

Sincerely,
J. Cohen
Joshua K. Cohen, B.A., M.A., M.Div.

March 17th, 2010 - St. Patrick's Day

To: Dr. Skinner -Supervising Coroner

cc: Dr. McCallum - Chief Coroner
cc: Sargeant Killien OPP (#6179) - FAX

**INTRO.**

It is purported, in legend, that St. Patrick chased all the snakes from Ireland, freeing the island from "evil." And if only that could be so easily done! Anyways, thank-you for finally getting back to me. I am glad you received my letter of March 10, 2010 and the enclosed 19 page document, so I will not repeat Marco's YEAR LONG wait for internal diagnostics re: stomach ails that Marco also had; and the FOUR EMERGENCY and TWO MEDICAL CLINIC VISITS later (involving both head and abdomen ails), wherein MARCO IS NOW DEAD AT ONLY 44 YEARS OF AGE!

**MORE TIME AND CARE FROM CORONERS ...**

And how strange that, when dead (as would be standard forensic procedures), Marco had a doctor (the coroner) make an "emergency house call (where I found him)" after only one phone ring, in order to "attend" to him in kind! Then she gave him a physical check (ruling me out) and even escorted him to the General Campus of Ottawa Hospital. Marco was then denuded (either here, Kingston or Toronto -- all expenses paid, if so), washed, IDed and put on a stainless steel table with his head propped. After x-rays, he finally got his "surgery," wherein his chest was cut open in a Y shape from shoulder to shoulder then to his abdomen; his collarbone and frontal rib cage were carefully sawed out and his organs checked and weighed delicately. All the internal diagnostics Marco could have only wished for in life finally happened (blood, fluid and tissue sample analysis, etc.) Finally, Marco's head was examined, then cut from the scalp to the back and peeled over the face. An osillating saw opened the skull then the skullcap was pryed off with a chisel. The brain was lifted out, checked and weighed "with care." And all this meticulously documented! And really ... too bad ... Marco didn't get all this equivalent (non-lethal) medical attention while alive; and so, it seems ...the dead get more medical time and care than the living!

**THE BURNING REMAINS ...**

After the above, Marco was slipped into and laid flat in a crematorium oven. On broil, clothed or not, the gas-jets lining the top were fired, lashing him head to toe with its coloured red, blue and orange flames. The cooking time was set: about two hours at 1400F. The "cook" checks a porthole at the beginning to make sure any fat doesn't burn out of control. Adjustments are made accordingly. A good sign, is when the "broiling" reaches the rib cage, then one can relax for the duration of the burning. Later, the oven (or furnace) door is opened for "cool-down." Still being hot, the "cook" wears leather suede gloves and uses a steel broom to sweep out what is left of Marco. Then the remains are placed on a sorting table. A magnet is passed to remove any metals, then chunks of teeth or bones are placed in a blender. The more white the human dust the better. At this point, Marco is bagged, labelled and boxed to be shipped by Greyhound for his "homecoming" in St. Pacome, Quebec. A Carron funeral employee, likely, goes to meet and "pick up Marco" at the bus station for his funeral. Only a week since I last found him, I placed in his favorite Greek hat with him on that sunny day atop of Mount Gabriel in the left wing shadow of a Crucifix. Now our love is literally dust to dust and ashes to ashes! Parents have lost their son, a lover his companion and close ones ... a dear friend!

**THE ONE SYMPTOM PHILOSOPHY ...**

I recently had an appendix that exploded (perforated) due to the stress of Marco's untimely demise and finding him as I did; and the latter medical condition is rare for those over 30 yrs old. But thank G-d, I got internal diagnostics and emergency surgery at the Civic Campus (of all places) in December, 2009! I came in with (1) a pounding right side headache; (2) chest pains and (3) right lower abdominal ache. I was, like Marco previously, told to focus on ONE SYMPTOM! Not only did my mind have to discern, as to which symptom was worse, my intuition did, as well! I finally blurted - the third factor of the above! And thank G-d again, I got that right one and BINGO ... I am still alive by a thread of unseen grace!

**A MUSING WEEK ...**

And while in respite for about a week, I saw many elderly taking up beds when they should be on their programs at nursing homes (which is quarter of the price - about $250 or less per day) than keeping them in hospitals! Thus, some questions I mused and mulled while at Civic Campus: *How close was I from being turned away due to lack of beds (due to all the elderly)? Am I marked better than Marco on the Ontario Ministry of Health computer? Is my being English better than being a Francophone in Ontario? Is my deafness less stigmatized than being mentally different ... as Marco was?*

**A VOICE FOR THE DEAD AND *LOVELY BONES* ...**

Your agency (the chief coroner's office) claims to be a "VOICE FOR THE DEAD" ... and so am I for Marco ... so hopefully ... we are in tune! Since I believe G-d and the spiritual realm (of good and evil) exists, those medically shortchanged will aid those whom make time "to voice" for them and to prevent other unecessary deaths! The current movie *Lovely Bones* by Dreamworks (Steve Spielberg) portrays the spirits helping those trying to solve their murders and eventually use nature to influence the murderer to fall to his death, when he seemingly evaded terrestrial justice. Spiritual karma plays out as a convincing theme in the latter. As I have heard people tell me often: "What comes around goes around!"

**THE BIOLOGICAL CLOCK ...**

As a doctor, I am sure you can appreciate that for a grandfather clock to tick, all the parts must harmoniously intereact to give time. The body, being even more intricate, does the same, which really makes every living moment a miracle! However, unlike timepieces, a body will become a cadavre if its integrity is ignored over time ... never to be rewound beyond its point of no return!

**QUESTIONING CHANGE ...**

So, in the spirit of human wellness are these queries ...

1) Do you think the one symptom philosophy should change? Should we, for instance, treat the whole body in its integrity, so longer term visits to family doctors, outside diagnostics, and worsening conditions reduce?

2) Where does preventive (nipping it in the bud) medicine come in? Isn't curative speed of essence and, thus, medical savings (vs. treating, later, another ignored condition that worsens) in the long-term?

3) Should long-term headaches (as Marco had for about a month, as per the ER report) and worsening with vomiting be taken more serious (diagnostic-wise), especially if one arrives by ambulance?

4) Should referral and/or use of ( optometrists ) be harnessed (whom can see unusual fluids during eye exams) by ER doctors to double-check for "spinal headaches" or other intracranial pressure (or ICP) concerns?

5) Is medical info. centralized and, if not, should it be?

6) CONFIDENTIAL

7) Did Marco have what is known as a "spinal headache," as related to the preliminary spinal cyst?

8) Do people, other than the accompanying migraines, suffer when they die from spinal fluid ICP, such as with half-conscious seizures? Or is it usually a quick coma, then relatively painless respiratory collapse?

9) As I remember finding Marco, he was flat out on his back and hands flat and palms down on the floor. His right eye was closed and the left one open. Does that help explain, perhaps, that the left side of his brain may have herniated, which closed his right eyelid? What can you read as supposition only (as understood)?

**SPINAL HEADACHES ...**

I have been sharing with friends here in Canada and in the US, and not one person has ever heard of a "spinal headache!" I only learnt this after my own research speaking with Marco's step-mom around Dec. 10, 2009. She relayed, as best she could, that Marco's brain basically "drowned" in spinal fluid and that there was another complication (the cyst obviously) she could not understand. I assumed he had a spinal leak, but now it is apparent there was a cyst somewhere in his spine, blocking the natural flow of spinal fluid. Either way, ICP is very dangerous and that pain would seem also to be a "spinal headache," when related to hyper or hypo spinal fluid pressure.

Marco, in my observation, on the last day (Sept. 5th, 2009) was in more pain when standing than lying down. Marco had asked me to check up on him later that day when he woke with a migraine. I recommended he rest, while I go to work on a motion. Marco came with me to a restaurant, thinking fresh air and sunshine would be good. He said his eyes hurt (light sensitivity as is common with migraines) and I did not have sunglasses to let him use. I got him coffee and a salad and Marco felt nauseous, as he had before. He went back to rest, (with the food as take-out), which I thought was a good idea for what seemed to me to be the reoccurrent migraine (as the supposed questionable diagnosis the Monday previous).

When I found Marco a few hours later on his back, I have tried to figure out why he got out of bed that last time??? Marco's head was against the door, so I assume he got up to lock the door as he usually did later in the night or asked me to make sure. I learnt that Mary, a friend, may have buzzed at the main door, but she did not see Marco that evening, nor did he answer. Perhaps, Marco also got up to get a drink, went to the restroom, then checked the door to lock it, and turned and fell, as he headed toward the bed.

Whatever the reason Marco got up, I opened the door with my key and his head was against it. He seemed to have collapsed flat out on his back with his hands open. His right eye was closed and the left one open. Another friend told me later that Marco said he was sometimes dizzy and worried about falling off his bike. So, I surmise he got dizzy due to the ICP, fell flat, then more spinal fluid flowed around the cyst or shifted in his brain with gravity, then he went into a coma with brain herniation and consequent respiratory collapse. I just hope he didn't suffer too much or with semi-conscious seizures and gasping for breath! But to be sure, we, those left behind, are grieving terribly at the loss of such a kindred soul!
And I hope you can appreciate that each morning we wake and each night we sleep, there is no sign of Marco! And if you can personalize a loved-one gone as a vapour ...!

**ACCOUNTABILITY ...**

**According to the law ...**

The fact that Marco died about FIVE DAYS after his last emergency visit is a given for an inquest. What I have initiated is a separate investigation from the later. According to the *Coroner's Act* sec. 10 (1):

> "Every person who has reason to believe that a deceased person died (a) as a result of, ... (iii) negligence (iv) misconduct (v) malpractice; (b) by unfair means; ... (g) under such circumstances as may require investigation, shall immediately notify a coroner or a police officer of the facts and circumstances relating to the death, and where a police officer is notified he or she shall in turn immediately notify the coroner of such facts."

**The legal action ...**

As you know, I have initiated this separate investigation to be legally and rightfully done as per sec. 10 (1) of the *Coroner's Act*. I then informed Sageant Killien, of the OPP, on or about Nov. 6, 2009 (with additional writings submitted later). We have both satisfied the requirements of the above. The 19 pages of documents, with cover letter of March 10th, 2010, have been sent again to you, as of last week which you have acknowledged receiving. You tell me that Marco died of natural causes at age 44!?!?! Any natural disease, such as cancer, pneumonia, perforated appendix, internal bacterial infection, etc. can be argued as natural causes, yet proper treatment is to be sought out and applied at hospitals or medical clinics! It is the onus of doctors in their *duty of care and due diligence* to properly diagnose and treat life threatening diseases (natural or not) in order to save lives, so that they live longer! That is why medical professionals are nicely paid to do and to use the diagnostic machines at their disposal. Surgeons are next to be enlisted to treat the spinal cysts by surgically removing it. This then restores the proper and natural flow of spinal fluid in the afflicted, so that they will live and not die unnaturally young, as Marco did!

**Medical Negligence, Misconduct, Malpractice,**

It seems shocking that there is no longer any laying of blame or charges in inquests re: gravely and medically shortchanged deaths! Essentially it seems the message is: "No one is to blame and no one will be held accountable! It was natural causes!" And how many lives have been "mortally wounded" due to medical negligence, misconduct, malpractice etc., without any accountability? No wonder the attitudes of many doctors are the way they are. They seemingly feel and know they are the "untouchables," beyond accountability! More than ever is the time to be a "voice for those whom can no longer speak!" And if not, who will? I thank G-d He has the last word when we cross-over!

If you see p. 9 re: the ER report, under final diagnosis, there is a question mark in front of migraine. It is obvious that Dr. Maloney was still uncertain what exactly was wrong with Marco and yet, obviously, haphardly gambled Marco's life away by releasing him! Furthermore, Dr. Maloney would have been aware of Marco's previous ER visit of April 27th, 2009, as also documented on the ER report. Even arriving by ambulance is marked Y for yes! All these were red flags crying out for help! Yet Marco was left to "drown" and die in his spinal fluid, with excruciating migraines, which are typically defined as a severe headaches, accompanied by nausea and light sensitivity.

It is also apparent that Dr. Maloney "streamlined" Marco from the ER by neutralizing his painful and mortal "sentinal warnings" by giving him a big aspirin -- a shot of some kind of "demerol" and perkesat. He even recommended Marco take ibuprofen and tums, then "passed the buck" for his family doctor to do (diagnostic) tests.

Thus, ultimately, Marco died as a consequence of medical negligence, malpractice, misconduct and by unfair means causing death! Marco, rightfully, should have been internally diagnosed then treated surgically to remove the life-threatening cyst, after he arrived by ambulance, telling doctor Maloney that he had the unusual handlike throbbing headaches for a month, that he was depressed and, at the time, vomiting!

As I understand, Dr. Maloney is the Director of Ottawa Hospital and an associate professor of emergency medicine at Ottawa University. Furthermore, he is a 28 year "expert" ER veteran doctor. Thus, one must question his competence and what and how he is teaching emergency medicine these days. Only one can expect carbon copies of similar doctors "treating their patients" the same way he does. Thus, how many others have died as Marco did, exponentially!

Finally, there is really no way Dr. Maloney can say he was not unaware of the potential mortal dangers of ICP, spinal headaches, spinal cysts, etc. As I am learning more re: the latter complications (as a non-doctor), it really behooves me why Dr. Maloney allowed Marco to be released from the ER that critical mass day?!?! It was a decision that not only cut Marco to pieces in the autopsy, but burnt him crisp in the oven, then to be finally blended to powder!

**WHAT OF THE HEROS AND HEROINES ...**

In the movie, *Aaron Brackovich,* the latter finally exposed the cancer source affecting those living near a polluting plant. She, despite the social and legal challenges as a single mother, went on to be a heroine for saving lives and obtaining medical treatment funding for those sick with the "natural causes" of cancer. Aggressive medical procedures were then applied to root out their DIS-EASES, with an aim to put them out of their affliction and, consequently, at more comforting EASE in their lives!

If only there were more *Aaron Brakoviches,* Martin Luther Kings, Gandis, Jesuses, etc. can you imagine the world today? Those whom willing stood against the winds of adversity and apathy to protect life rather than harm it! And the Hippocratic Oath of doctors demands no less! A doctor's job, above all, is to heal and not allow harm, whether natural or not! And there is not only Dr. Maloney that negligently dismissed Marco, but potential others, as shared in the documents I have already submitted. I hope that the other places are looked into and **full disclosure of the investigation** re: hospitals and clinic records re: Marco therein, even as an **access to info. request**.

**THE GREATEST TEACHINGS ...**

One of the greatest rabbis of all time asks, "Which is the greatest teaching in the Torah?" Yeshua (Jesus) replied: " 'Love the L-rd your G-d with all your heart and with all your soul and with all your mind.'[a] This is the first and greatest teaching And the second is like it: 'Love your neighbor (the one near you) as yourself.'[b] 40All the Torah and the Prophets hang on these two teachings."

a. Matthew (Mattiyahu) 22:37 Deut. 6:5
b. Mattiyahu 22:39 Lev. 19:18

"A good conscience is a soft pillow"and may we sleep well when we do right, as "everytime is the right time to do the right thing" (M. L. King Jr.)!

g.c.

Joshua K. Cohen, B.A., M.A., M.Div.

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**From:** "Skinner, Roger (JUS)" <Roger.Skinner@ontario.ca>
**To:** cohenjoshua@rocketmail.com
**Sent:** Tue, March 16, 2010 9:02:28 AM
**Subject:** Marco Chenard CIS#2009-11449

Dear Mr. Cohen

I am writing in reply to your email to the Office of the Chief Coroner and to your letter to me. I am responding by email as you have requested due to hearing impairment.
I did receive your letter from Sgt. Killen in November 2009 and I forwarded it to Dr. McNaughton-Filion, the investigating coroner, so that she could consider your concerns in her investigation.
We are currently awaiting the final autopsy report in order to complete the investigation. When all reports are finalized, I will send you copies of the coroner's report and the autopsy report. I cannot send you copies of the medical records. You will have to request those from the hospital and clinic.
I would like to clarify that the coroner's investigation is not a "criminal inquiry". We do not assign blame or lay charges. We do determine the cause of death when possible and we do examine issues of public safety. We will consider your concerns about Marco's care, but if you have evidence that a criminal act has occurred, you should discuss it with police.
I can tell you that, based on the preliminary investigation and autopsy report, it appears that Marco died as the result of increased pressure in the brain due to a cyst that blocked the flow of spinal fluid. This would be a death by natural causes. These are preliminary findings, and the final determination could be different.
Please contact me or Dr. McNaughton-Filion if you have any questions.

Sincerely

Dr. Roger P. Skinner, MD, CCFP(EM)
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Brian Sinclair, a wheelchair-bound aboriginal man, was found dead on Sept. 21, 2008, after he waited 34 hours in the HSC emergency room.

# Famed lawyer calls for criminal probe into ER death

## Charges of criminal negligence warranted, Clayton Ruby says

BY JEN SKERRITT AND GABRIELLE GIRODAY

WINNIPEG

City police will review evidence surrounding the death of double amputee Brian Sinclair after a national legal expert lambasted the force for its "shocking" failure to investigate why Sinclair was found dead after 34 hours in a hospital emergency room.

Renowned criminal and human rights lawyer Clayton Ruby criticized the Winnipeg Police Service on Wednesday, saying he believes charges of criminal negligence causing death and failure to provide the necessaries of life could be laid against Health Sciences Centre and medical staff in charge of its ER.

Winnipeg police never investigated what factors led to the double-amputee's death in an inner-city hospital waiting room — an omission Ruby called "inexplicable." He urged the police force to reconsider and launch a probe into Sinclair's death, saying this isn't the Winnipeg of 50 years ago when the plight of aboriginals and the disabled was dismissed.

Sinclair, a wheelchair-bound aboriginal man, was found dead on Sept. 21, 2008, after he waited 34 hours in the HSC emergency room without being treated for a bladder infection that required a simple catheter change and antibiotics.

"The police are aware of this obligation. They're not dumb," Ruby said during a teleconference in Toronto Wednesday. "They figure they can get away with not doing an investigation in this case because of who he was and the circumstances."

Police obligation

Ruby's comments prompted Winnipeg police Chief Keith McCaskill to issue a statement saying officers will review any material about the death the Sinclair family's lawyers have. If any evidence of criminal wrongdoing exists, police said they will investigate fully.

Chief of Police requests materials

"I want to emphasize that, prior to (Wednesday) the WPS had never received any suggestion that there had been evidence of criminal wrongdoing in relation to the death of Mr. Sinclair," said the prepared statement.

McCaskill said police did not attend the hospital after Sinclair died because investigators from the medical examiner's office did not ask them to. Chief Medical Examiner Thambirajah Balachandra confirmed Wednesday that police were not needed to investigate the death, McCaskill said. He said the only contact police had with medical examiner investigators was over how to notify Sinclair's next-of-kin.

Ruby weighed in on the high-profile case after the Sinclair family sought his legal opinion, although he did not receive any financial compensation and will not represent the family at the upcoming inquest. Ruby doesn't know of any other cases where hospitals have faced criminal charges, but said Sinclair's case is unique enough to warrant a full police investigation.

WINNIPEG FREE PRESS

Ottawa Citizen

April 1st, 2010

(Email sent to Dr. Skinner on April 13, 2010 **re: Comparison of Mr. Sinclair and Marco Chénard**)

**Marco's Passion for Life still Flows ...!**

Thank-you for your letter of March 26, 2010. I spoke recently with Madame Chénard, and as I understood, she relayed legal matters discussed with solutions of which I am satisfied.

As well, I am more propelled to make Marco's story public to the highest echelons for the sake of public medical health and safety! Mr. Clayton Ruby is now dealing with Mr. Sinclair's case; and he, you see, died while waiting 34 hours for medical attendance to simply change an infected catheter and for antibiotics. Mr. Sinclair's case is now, finally, beginning "to shine with rays of justice," after almost two years! Further, the Winnipeg Chief of Police is now in the picture to investigate Mr. Sinclair's untimely death! Legal medical responsibility for Mr. Sinclair's death, it seems, is on the move! The "walls of medical immunity" are finally beginning "to crack!"

Like Mr. Sinclair, Marco was mentally challenged ("special") and a minority ethnic - a Québecois in Ontario; and HE WAITED FOR A YEAR without any internal diagnostics, then eventually succumbed with stomach ails to the end and later untreated and severe "spinal headaches"! Marco's story will be widely circulated, as well, with the aim of demonstrating similarities re: social discrimination (i.e. disability underfunding, homelessness, etc.) and, consequent, medical neglect toward the disabled and ethnic minorities, as I can clearly see! Marco is poised, as well , to be the next "poster boy" for medical justice and change! Far reaching strategies are in the works, with spiritual help from the other side!

Conclusively, I want to thank-you for your recommendation to discuss Marco's file with the police and that is now in the works to the highest level(s); and I, also, want to thank-you for acknowledging my love for Marco which is eternal; and, in addition, Marco's passion for life, despite his sufferings, is not only etched in my mind ... it flows in my veins!

Sincerely,

Joshua K. Cohen, B.A., M.A., M.Div.